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DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU APETERSON
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOTT
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SUBJECT: SOUTH AFRICA PUBLIC HEALTH APRIL 1 ISSUE

Summary

[¶11.](#) Summary. Every two weeks, USEmbassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: South African Violence Driven by Firearms and Alcohol; South Africa Starts Trials Using Medicinal Plants; South African TB Epidemic Grave; Cape Town's Success in TB Program; and Italy and South Africa Collaborate on New Health Projects. End Summary.

South African Violence Driven by Firearms and Alcohol

[¶12.](#) South Africans are more likely to be shot than suffer any other kind of unnatural death as gun crime pushes the country's violent death rate to up to eight times the global average, according to a Medical Research Council (MRC) study. Firearms and alcohol were key causes of unnatural deaths, and the MRC survey showed 48 percent of more than 22,000 unnatural deaths surveyed were caused by violence. Firearms made up 28 percent of the total, and sharp-force injuries such as stabbings accounted for 15 percent. Twelve percent of those suffering unnatural deaths were pedestrians hit by vehicles. Analysts estimate South Africa has between 1 million and 4 million illegal firearms in circulation, prompting the government to declare an amnesty aimed at getting them off the streets. The report showed most violent deaths took place in impoverished suburbs and townships. Men were more than four times more likely to die a violent death than women. Violent deaths were most likely to occur in the late evening or early morning, with more than 40 percent taking place on Saturday or Sunday, researchers said, suggesting this was when many victims were drunk. Of those killed with a gun, 38 percent had alcohol in their system, while 72 percent of stab victims had been drinking. Source: Reuters, March 23.

South Africa Starts Trials Using Medicinal Plants

[¶13.](#) South Africa is set to start testing as many as 10 different plants with the potential to offer treatment for diseases including malaria, tuberculosis and diabetes. Just a year after the launch of the Innovation Fund, a national research and development platform for projects such as new drug development from indigenous medical plants, results have been so good that Phase 1 and 2 trials are expected to start this year. Innovation Fund project manager Dr. Niresh Bhagwandien, who is also executive manager of the South African Medical Research Council in Cape Town, said they had no expectations at the start of claiming major breakthroughs, but that the promising leads had been extensive. A trust deed is being registered with the South African Revenue Service ahead of trials to assure "benefit sharing" for local communities involved, allowing the community to have a 50 percent share in the benefits with the consortium. The project involved about 135 scientists and students, and had R18 million (\$3 million, using 6 rands per dollar) funding for three years, from 2004 to 2006. The drugs will be tested by the University of Limpopo, which has experience with Phase 1 and 2 clinical trials, and the Medical Research Council's indigenous knowledge division. Source: Cape Argus, March 24.

South African TB Epidemic Grave

[¶14.](#) While TB cases have more than doubled since 1996 when a national TB program was implemented, the country's cure rate remains around 54 percent. The increase is driven mainly by the HIV epidemic and improved detection rates at clinic level. Government bases its figures on registered TB cases and, by 2003, it put the TB incidence rate at 550 TB cases per 100 000 people. However, the Medical Research Council's (MRC) TB Research Lead Program believes actual cases to be much higher. It estimated the incidence rate last year to be closer to 1 084

cases per 100 000 people, with a total of 529 320 cases countrywide. It estimates the national co-infection rate of TB and HIV to be 66.4 percent. In comparison, Brazil has an incidence rate of 62 cases per 100 000 people and only 4 percent of adult TB patients also have HIV Kenya's rates are closer to South Africa's, with an incidence of 540 and TB/HIV co-infection at around 51 percent. Although the national TB program was adopted nine years ago, some provinces have yet to appoint people to manage provincial and district TB programs or dedicate funds to TB. The biggest failure of the TB program is that patients do not complete their six-month course of drugs. There is a shortage of Directly Observed Treatment (DOT) volunteers, community workers who ensure that patients take their daily tablets and complete the course. The DOTS volunteers do not get paid, so they tended to move to the HIV home-based care programs where they were paid a stipend. Laboratory services in rural areas are also under-equipped. Patients are often asked to return a week later for their TB test results and many fail to do so.

15. The failure of patients to complete their drugs has led to a sharp increase in multi-drug resistant TB (MDR-TB). Only Kazakhstan has more cases of multi-drug resistant TB, according to the World Health Organization, although MDR TB cases only account for 1.7 percent of registered cases (2002 figures). Infectious diseases expert Dr David Coetzee from the University of Cape Town says that the MDR TB rate would have been much higher had South Africa not been using a combination drug, which uses all four TB drugs. Limpopo and Mpumalanga have been identified as "hotspots" for MDR-TB, probably related to poor programs in those provinces. While MDR TB makes up about 1.5 percent of TB cases nationally, over 3 percent of Mpumalanga's cases and almost 2 percent of Limpopo's cases are MDR TB. About 17 percent of repeat TB cases in Mpumalanga have MDR TB, while around 6 percent of repeat TB cases nationally are multi-drug resistant. Treatment of MDR TB takes at least 16 months, costs up to 100 times more than ordinary TB and has been associated with extraordinarily high mortality rates in HIV infected patients.

16. An improvement in reporting and surveillance systems had also contributed to the overall increase in TB rates, as many more cases were being detected. All 183 health sub-districts offer TB treatment and have electronic TB registers to monitor the progress of TB patients. The World Health Organization (WHO) noted in its global TB report last year that South Africa had improved its case detection by 12 percent in 2002. The WHO report also noted that despite the high correlation between TB and HIV infection, there was no HIV surveillance for TB patients and no plans to establish one. TB/HIV collaboration existed in 13 health sub-districts out of 183 and no plans established to involve the national TB program in anti-retroviral delivery.

17. KwaZulu-Natal has the most TB cases in the country, and has overtaken the Western Cape as the province with the highest incidence rate. KwaZulu-Natal (KZN) also has the highest HIV rate in the country, according to the annual health department surveillance of pregnant women. Last year, the MRC estimated that 173,944 KZN residents had active TB, the rate was 1,696 cases per 100,000 people and 83.4 percent of these were also HIV infected. The Western Cape has the second highest TB incidence rate at 1,333, according to the MRC, but the lowest TB-HIV infection rate at around 50.4 percent.

18. TB is not common among HIV positive people in countries where the TB incidence rate among the general population is relatively low. This year's priorities are to further train healthcare workers on TB care, ensure that patients take their drugs for the entire six months and improve laboratory services. A rapid TB test that could ensure patients get their results the same day would help a great deal, while new drugs with fewer side effects would also improve treatment outcomes. Source: Health-E News, March 24.

Cape Town's Success in TB Program

19. The TB rate in Cape Town continues to be among the highest in the world, yet the city has managed to achieve impressive cure rates. Tuberculosis is one of the major contributors to the burden of disease in Cape Town with a 74 percent increase in the number of reported cases over the last seven years. In 2004, over 24,129 people were registered for TB treatment in Cape Town alone, 12 percent of the national cases. Langa (a township in Cape Town), with 850 patients, recorded a cure rate of 74 percent, three percent higher than the city average. Khayelitsha alone (with 8 clinics out of a total of 99 in the City) treated almost 20 percent of the TB patients. In 1997, 21 percent of Cape Town TB patients didn't complete their course of medication. This was brought down dramatically to 12 percent last year. In 2003, Southern and Tygerberg sub-districts achieved cure rates of above 80 percent. Dr Ivan Toms, director for Health in Cape Town, points out that the city's success is based on good information systems and rigorous monitoring to identify problem areas, strong

partnerships between the different role players, the commitment by health personnel and community-based workers and the strengthening of capacity at facility level through training and support. The highest increase in caseloads has been in Khayelitsha with 66 percent increase. Nyanga (another Cape Town township) has seen a 30 percent increase. Cases of extra-pulmonary (outside the lungs) TB cases have increased by 187 percent over the last four years. The highest reported cases are in Khayelitsha and Nyanga. In 2004, all Cape Town health sub-districts were offering voluntary counseling and HIV testing to TB patients and 82 percent accepted the test. The average co-infection rate for the region is around 50 percent. However the range is very wide. Khayelitsha and Nyanga have 77 percent and 68 percent co-infection rates respectively, while Tygerberg West has a low of 16 percent. Source: Health-E News, March 24.

Italy and South Africa Collaborate on New Health Projects

110. Four health and medical science projects with a total value of R79 million (\$13 million) were started by the Health Department and the Italian government Health Minister Manto Tshabalala-Msimang and Italian Ambassador Valerio Augusto

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Astraldi signed an agreement to encourage co-operation between the two countries in the field of healthcare and medical science. The four projects constituted the second round of initiatives resulting from a partnership between the two governments. The first project was to support the national and provincial health departments and capacity-building in health management and health information systems. The second project was to provide support to strategic planning in health at national level with a funding of about R26 million (\$4.3 million). The third project was aimed at providing support to health planning capacity in KwaZulu-Natal with a funding of R17 million (\$2.8 million). The fourth project would provide support to mother and child care and the development of the health information systems in KwaZulu-Natal with funding of R9-million over a three-year period. Source: Sapa, March 23.

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